

PROCEEDINGS OF THE BROWN COUNTY
HUMAN SERVICES COMMITTEE

Pursuant to Section 19.84 Wis. Stats., a regular meeting of the Brown County Human Services Committee was held on Wednesday, November 20, 2019 in Room 200 of the Northern Building, 305 E. Walnut Street, Green Bay, WI.

Present: Chair Hoyer, Supervisor De Wane, Supervisor Evans, Supervisor Brusky
Excused: Supervisor Linssen
Also Present: Health and Human Services Director Erik Pritzl, Deputy Executive Jeff Flynt, Public Health Officer Anna Destree, Nursing Home and Hospital Administrator Samantha Behling, Community Services Administrator Jenny Hoffman, Director of Administration Chad Weininger, Judge Thomas Walsh, Judge Donald Zuidmulder, Finance Manager Erik Johnson, Secretary Stacy Spang, Social Worker – Case Manager Jessica Passamoni, Social Worker – Case Manager Cassie Beining, other interested parties.

I. Call Meeting to Order.

The meeting was called to order by Chair Hoyer at 6:00 pm.

II. Approve/Modify Agenda.

Motion made by Supervisor De Wane, seconded by Supervisor Brusky to approve. Vote taken.
MOTION CARRIED UNANIMOUSLY

III. Approve/Modify Minutes of October 23, 2019.

Motion made by Supervisor De Wane, seconded by Supervisor Brusky to approve. Vote taken.
MOTION CARRIED UNANIMOUSLY

Comments from the Public. None.

Report from Human Services Chair, Erik Hoyer.

Chair Hoyer thanked the Committee and departments for all of their efforts during the budget process. He was pleased with how smoothly the Human Services portion of the budget was carried out.

1. Review Minutes of:

- a. Aging & Disability Resource Center – Nominating & Human Resources Meeting (December 13, 2018 & Board Meeting (August 22, 2019).
- b. Human Services Board (October 10, 2019).
- c. Veterans' Recognition Subcommittee (October 15, 2019).
- d. Board of Health (July 16, 2019).

Motion made by Supervisor De Wane, seconded by Supervisor Brusky to suspend the rules to take Items 1 a, b, c & d together. Vote taken. **MOTION CARRIED UNANIMOUSLY**

Motion made by Supervisor De Wane, seconded by Supervisor Brusky to receive and place on file Items 1 a, b, c & d. Vote taken. **MOTION CARRIED UNANIMOUSLY**

Treatment Courts

2. Treatment Court Update from Judge Zuidmulder.

Judge Zuidmulder provided information regarding current numbers in each of the Treatment Courts, a copy of which is attached. He continued that he met recently with several members of the

Oneida Nation because the Oneida Nation wants to start a Wellness Court in partnership with the Treatment Courts. They discussed what the Treatment Courts do and how they work. Judge Zuidmulder finds it exciting that the Treatment Courts have become such a model in Brown County that there are partners who want to be involved. He feels the Oneida Nation may be starting something within the next two months. Their program could be connected to the diversion program working through the District Attorney's Office or it could be post-disposition and if it is done that way Oneida Nation would have to partner with the Circuit Court Judges.

Judge Zuidmulder continued by introducing Judge Walsh to the Committee. He informed that Judge Walsh is the Heroin Court Judge and is an example of the great public servants we have in Brown County in that when Judge Walsh sees a problem, he wants to fix it. Judge Zuidmulder continued that Milwaukee County currently has a hybrid court of several different treatment courts to help kids who are taken away from parents because of drug, alcohol or mental health problems. Judge Walsh intends to start a similar court here in Brown County.

Supervisor Evans arrived at 6:05 pm.

Judge Walsh said the Family Drug Treatment Court he intends to start in Brown County would be the sixth Treatment Court in the county. He provided information regarding Family Treatment Courts, a copy of which is attached. Judge Walsh thanked Health and Human Services Director Erik Pritzl for his support and noted that Pritzl has been instrumental in making the Family Drug Treatment Court become a reality. Judge Walsh informed he first heard of this model about five years ago and has been to Milwaukee to observe their model. The Family Drug Treatment Court is designed to help families whose children are involved in the CHIPS system. The purpose of the program would be to bring people in to the Family Drug Treatment Court who have substance abuse issues and give them specialized assistance to try to obtain some better outcomes.

Judge Walsh continued that a team is currently being assembled which will include representatives of Corporation Counsel, the DA's Office, the Public Defender's Office and a Social Worker. He has been in touch with the judges in Milwaukee who set their program up and their staff will be travelling to Brown County to meet with the team and give them some training. Judge Walsh is hoping to start taking people into the program after the first of the year. He continued that there is grant money available and those funds usually come out in May and he is hoping to apply for a grant to expand the model. In short, this is a Treatment Court model that will draw people in from the CHIPS system.

Supervisor Brusky said she applauds the work of the Treatment Courts and the Family Drug Treatment Court explained sounds really good. She asked how long Milwaukee has had their Family Drug Treatment Court and Judge Walsh informed Milwaukee started their program in the mid-2000s. Judge Walsh informed that before he was a Judge he was a family law attorney and he has a passion for things like this and informed he will continue to be the Heroin Court Judge as well. Judge Walsh continued that there will still be an adequate number of people in the Treatment Courts even though there are people currently enrolled in other Treatment Courts that have children under CHIPS order who would likely be funneled into the Family Treatment Drug Court. This would then free up spots in some of the other courts for people who do not have children.

Supervisor De Wane complimented Judge Zuidmulder and Judge Walsh for all their work on the Treatment Courts. He said he has always been a big proponent of the Treatment Courts and sees a lot of success in them. Judge Walsh thanked De Wane for the compliment and said the people running the courts get as much out of the program as the participants. He said he loves doing this and will continue to do so.

Hoyer also thanked the Judges for their work with the Treatment Courts and complimented them on their innovativeness in always looking at ways to come up with new things. He also mentioned he was glad to see that the newest Circuit Court Judge, Beau Liegeois, will be taking over the Veterans

Treatment Court. Judge Zuidmulder informed that Judge Liegeois is a veteran and was also the the DA's office liaison with the Veterans' Treatment Court for a long time so this was a natural thing for Judge Liegeois.

With regard to the OWI Treatment Court, Judge Zuidmulder advised the numbers are very large and there may need to be future conversations about splitting off to have another subset. There are currently about 33 participants in the Court and he feels that is pushing the numbers a little bit. Hoyer asked when we may see the first graduates of the OWI Treatment Court. Judge Zuidmulder said the national model is 12 -14 months and he feels that is an accurate timeline. Those in the OWI Treatment Court are fourth time offenders and above and the profile is .18 or above. The issue is how stable they are because most of these participants are being charged at the felony level and are on a three year probation period so when they finish with the Treatment Court they are passed on to Probation and Parole so they continue to have some type of supervision.

Judge Zuidmulder continued that a survey was done on night OWI warrants throughout the state of Wisconsin and the survey showed that Milwaukee County accounted for 16% of all of the OWI blood draws, and Brown County followed at 14% of all OWI blood draw warrants. OWI is a big issue in our town. Judge Zuidmulder feels there has been a culture of drinking here for a very long time and we have tried traditional tools, but that has not been very successful. It is clear that the issue really exists, and we need to be innovative in trying to get a better handle on it.

With regard to the Family Drug Treatment Court, Supervisor Evans asked if there will be funds needed in 2020 for this. Judge Walsh said it is his understanding that funds for this have been built in to the Human Services 2020 budget. Evans said he likes to do things systematically when it comes to the budget. The Treatment Courts continue to grow and although he does not have a problem funding these things, it seems like the Board is frequently being asked for funding for additional staff or other things and he would just like to see things done a little more systematically. Judge Zuidmulder said the dollars that are being diverted to this are dollars that are currently being used ineffectively. What is being done is taking the same dollars and putting them in to a new program to get better results. Evans noted there are issues in a number of different areas that could use funding and he wants to be sure that it does not come off as the Treatment Courts being more important than any other area. Judge Zuidmulder reminded the Committee that what he does with Treatment Courts does not fall under his responsibilities as a constitutional officer and he is not compensated for it. Evans understands this and said he does not feel the Treatment Courts are a waste of money at all and it should be noted that Judge Zuidmulder has gone well beyond what is expected of him.

Brusky thanked both Judge Zuidmulder and Judge Walsh for their work with the Treatment Courts and asked if Judge Walsh would be desirous of giving up the Heroin Court to focus on the Family Drug Treatment Court. Judge Walsh responded that he likes the the work he does with the Heroin Court and he also has a passion for the new Treatment Court being formed. He is happy to do both treatment courts.

No action taken.

Communications.

3. **Communication from Human Services Committee Chair Hoyer re: Presentation by HR in response to comments from dietary employees at the last Human Services meeting including information about turnover and class and comp ranges. Action at November meeting: To hold for 30 days to have Administration address the concerns raised and report back.**

Director of Administration Chad Weininger informed HR is working with the CTC on coming up with a few proposals, but this process is not complete at this time. He is hoping to have something to bring forward soon, hopefully by the next meeting.

**Motion made by Supervisor De Wane, seconded by Supervisor Brusky to hold for 30 days. Vote taken.
MOTION CARRIED UNANIMOUSLY**

- 4. Communication from Supervisor Schadewald re: Request for a resolution supporting strategies to tackle E-cigarette epidemic in our youth of Brown County. *Referred from November County Board.***

Hoyer informed the Board of Health introduced this as an idea and verbalized it to this Committee. Health and Human Services Director Erik Pritzl provided a draft resolution, a copy of which is attached, that was discussed by the Board of Health on several occasions. At the Board of Health meeting last night, this draft was approved.

Evans asked if Supervisor Schadewald was at the Board of Health meeting last night and, if so, how he voted on this draft resolution. Public Health Officer Anna Destree responded that Schadewald was at the meeting and the draft resolution was passed unanimously. Evans asked how old someone has to be to buy vaping cartridges. Destree responded that at this time you have to be 18 to buy vaping cartridges, as well as cigarettes, however, there is currently a Bill to change that to 21.

The appropriate process to get this on the County Board Agenda as well as to State Representatives was discussed as it appears that this Committee is in favor of it.

**Motion made by Supervisor Evans, seconded by Supervisor De Want to support this resolution and forward it on to the Executive Committee with a financial impact attached and that it also be distributed to the State Representatives and Senators that represent Brown County. Vote taken.
MOTION CARRIED UNANIMOUSLY**

Wind Turbine Update

- 5. Receive new information – Standing Item.**

Motion made by Supervisor De Wane, seconded by Supervisor Evans to receive and place on file. Vote taken. MOTION CARRIED UNANIMOUSLY

Health & Human Services Department

- 6. Presentation on Organizational Effectiveness.**

Pritzl introduced Secretary Stacy Spang, Social Worker – Case Manager Jessica Passamoni and Social Worker – Case Manager Cassie Beining to the Committee. These individuals work in Child Protective Services and have been working on the organizational effectiveness process. There has been a lot of talk about Child Protective Services in the past and organizational effectiveness is one of the things available to them as a tool and is supported by the Department of Children and Families and Child Welfare Professional Development System. Tonight this group is going to make the Committee aware of what is being done with this in their Department. A copy of the Power Point presented is attached hereto. Following the presentation, several questions of Supervisors were answered by the presenters.

No action taken.

- 6.1 Budget Adjustment Request (19-092) – Any increase in expenses with an offsetting increase in revenue.**

Brown County has received two 2019 addendums to revise the county's annual CLTS (Children's Long Term Services) contract allocation from the State for reducing the CLTS wait list. This budget adjustment increases revenue for this program and the related purchased services expense with outside vendors.

**Motion made by Supervisor Evans, seconded by Supervisor De Wane to approve. Vote taken.
MOTION CARRIED UNANIMOUSLY**

6.2 Budget Adjustment Request (19-093) – Any increase in expenses with an offsetting increase in revenue.

This budget adjustment is in regard to supplemental award amount received from the State for 2019 Mental Health Block Grant. This is an addition to the state grant received each year for community services provided to individuals with mental illness.

Motion made by Supervisor Evans, seconded by Supervisor De Wane to approve. Vote taken.
MOTION CARRIED UNANIMOUSLY

6.3. Budget Adjustment Request (19-094) – Any increase in expenses with an offsetting increase in revenue.

This budget adjustment is in regard to NNAI-MAT within a jail setting which is a new State grant for Medication Assisted Treatment for inmates with opioid addiction.

Motion made by Supervisor De Wane, seconded by Supervisor Brusky to approve. Vote taken.
MOTION CARRIED UNANIMOUSLY

7. Executive Director's Report.

Director Pritzl talked about the Family Recovery/Drug Court as referenced earlier by Judge Walsh and informed the first meeting with system stakeholders is one of the first steps to be taken according to a planning guide provided by a national organization. At this time they are gathering data and looking at the numbers with the idea that they want to start small and grow with existing resources. Pritzl noted there are grants available for this and they want to put themselves in the position to apply for a grant and Pritzl feels with the new positions next year, time can be allocated to this. He pointed out that this is not really taking on new work; it is more taking on work differently.

With regard to the crisis assessment center, Pritzl informed they are almost done with the architects and design and full designs should be coming forward in the next few months.

Pritzl continued that there has not been much action at the State level with regard to the secure residential care center. The Joint Committee on Finance has not taken any action on this and that is where it currently sits at this time.

Motion made by Supervisor De Wane, seconded by Supervisor Evans to receive and place on file. Vote taken. MOTION CARRIED UNANIMOUSLY

8. Financial Report for Community Treatment Center and Community Services.

Motion made by Supervisor De Wane, seconded by Supervisor Brusky to receive and place on file. Vote taken. MOTION CARRIED UNANIMOUSLY

9. Statistical Reports.

- a) Monthly CTC Data.
 - i. Bay Haven Crisis Diversion.
 - ii. Nicolet Psychiatric Center.
 - iii. Bayshore Village (Nursing Home).
 - iv. CTC Double Shifts.
- b) Child Protection – Child Abuse/Neglect Report.
- c) Monthly Contract Update.

Motion made by Supervisor De Wane, seconded by Supervisor Brusky to suspend the rules to take Items 9a, ai, aii, aiii, aiv, b and c together. Vote taken. MOTION CARRIED UNANIMOUSLY

Motion made by Supervisor De Wane, seconded by Supervisor Brusky to receive and place on file Items 9a, ai, aii, aiii, aiv, b and c. Vote taken. MOTION CARRIED UNANIMOUSLY

10. Request for New Non-Contracted and Contract Providers.

Motion made by Supervisor Evans, seconded by Supervisor De Wane to approve. Vote taken.
MOTION CARRIED UNANIMOUSLY

Closed Session

11. Potential Sale of a Brown County Owned House, Currently Rented Out as a Community Based Residential Facility (CBRF), a/k/a "Our Place", Located at 1501 North Irwin Avenue, Green Bay, WI 54302.

- a. Open Session: Motion and Recorded Vote pursuant to Wis. Stats. Sec. 19.85(1), regarding going into closed session pursuant to Wis. Stats. Sec. 19.85(1)(e), i.e., for deliberating or negotiating the sale of public properties, or conducting other specified public business, whenever competitive or bargaining reasons require a closed session, in particular, regarding "Our Place", located at 1501 North Irwin Avenue, Green Bay, WI 54302.

Motion made by Supervisor Brusky, seconded by Supervisor Evans to enter into closed session. Roll Call Vote Taken. Ayes: Supervisor Brusky, Supervisor Evans, Chair Hoyer, Supervisor De Wane.
MOTION CARRIED UNANIMOUSLY

- b. Convene Into Closed Session: Pursuant to Wis. Stats. Sec. 19.85(1)(e), the governmental body shall convene into closed session for purposes of deliberating or negotiating the sale of public properties, or conducting other specified public business, whenever competitive or bargaining reasons require a closed session, in particular, regarding the potential sale of a Brown County owned house, currently rented out as a CBRF, a/k/a "Our Place", located at 1501 North Irwin Avenue, Green Bay, WI 54302.

Motion made to return to open session. Roll Call Vote Taken. Ayes: Supervisor Brusky, Supervisor Evans, Chair Hoyer, Supervisor De Wane. MOTION CARRIED UNANIMOUSLY

- c. Reconvene Into Open Session: The governmental body shall reconvene into open session for possible voting and/or other action regarding the potential sale of a Brown County owned house, currently rented out as a CBRF, a/k/a "Our Place", located at 1501 North Irwin Avenue, Green Bay WI 54302.

Motion made by Supervisor De Wane, seconded by Supervisor Evans to direct staff to proceed with negotiations as discussed. Vote taken. MOTION CARRIED UNANIMOUSLY

ADRC – No agenda items.

Syble Hopp School – No agenda items.

Veterans Services – No agenda items.

Other

12. Audit of bills.

Motion made by Supervisor De Wane, seconded by Supervisor Brusky to acknowledge receipt of the bills. Vote taken. MOTION CARRIED UNANIMOUSLY

13. Such other Matters as Authorized by Law.

The next meeting date was discussed and it was decided by the Committee to not hold a December meeting. The next meeting will then be held on January 22, 2020 at 6:00 pm.

14. Adjourn.

Motion made by Supervisor Brusky, seconded by Supervisor De Wane to adjourn at 7:27 pm. Vote taken. MOTION CARRIED UNANIMOUSLY

Respectfully submitted,

Therese Giannunzio
Administrative Specialist

BROWN COUNTY HEALTH & HUMAN SERVICES

Treatment Alternatives and Diversion Program
300 E. Walnut St.
Green Bay, WI 54301



Phone (920) 391-4849 Fax (920) 391-4849

Total # in Treatment Courts (High Risk/Need): 102 participants

Total # in Diversion (Low Risk/Need): 64 participants

Total # graduated/completed in last reporting period: 37 participants

Drug Court:

Judge Marc Hammer

Category	Number
Total Participants to Date	146
Current Participants	21
Individuals in Referral Process	6
Successful Graduates	52
Graduations in the last reporting period	4
Terminations	61

The Brown County Drug Court held its first court session on 7/31/09. The target population of Drug Court are individuals that have had heavy involvement with the criminal justice system (Prior Prison Sentences, Failed Probationary periods or Treatment, Significant Criminal Charges) that have an identified AODA need. The national average for terminations is between 25-40%; with 138 total participants and 57 terminations, we are currently at 40%. If you exclude terminations that occurred within the first 60 days of acceptance our termination rate is at 36%.

NEW Veterans Treatment Court:

Judge Beau Liegeois

Category	Number
Total Participants to Date	93
Current Participants	17
Individuals in Referral Process	4
Successful Graduates	69
Graduations in last reporting period	1
Terminations	16

The NEWVTC accepted its first participant on 3/20/2012. The NEWVTC Treatment Court is designed specifically to staff and handle cases involving offenders with veteran status through an intensive, judicially monitored program of alcohol, drug, and mental health treatment, rehabilitation services and strict community supervision.



Mental Health Court:
Judge Donald Zuidmulder

Category	Number
Total Participants to Date	71
Current Participants	17
Individuals in Referral Process	4
Successful Graduates	23
Maximum Benefits Achieved	15
Graduations in last reporting period	3
Terminations	14

The Mental Health Court accepted its first participant on 03/20/2015. The Mental Health Court serves individuals within the community who have a diagnosed serious/persistent mental health need. Additionally, that unmet need is evidenced to be the primary factor behind their ongoing criminal justice involvement. The Mental Health Court's goals are to re-establish participants with their providers, develop an obtainable independent living plan, and provide intensive case management and supervision services. The national average for terminations in a Treatment Court is between 25-40%; with 61 total participants and 13 terminations we are currently at 21%. If you exclude terminations that occurred within the first 60 days of acceptance our termination rate is 10%.

Heroin Court:
Judge Thomas Walsh

Category	Number
Total Participants to Date	84
Current Participants	22
Individuals in Referral Process	1
Successful Graduates	32
Graduations in last reporting period	4
Terminations	30

Heroin Court accepted its first participant on 03/26/15 and held its first court date on 4/2/16. The purpose of the court is to specifically address the growing abuse of Heroin and Opiates in Brown County and to provide comprehensive treatment and supervision services to individuals within Brown County. In addition to serving the High Risk/Need population that exhausted conventional means of supervision and treatment, the Heroin Court also admits individuals with first time heroin/opiate crimes in order to preemptively provide the needed services to reduce risk of serious harm.

OWI Court
Judge John Zakowski

Category	Number
Total Participants to Date	23
Current Participants	25
Individuals in Referral Process	2
Successful Graduates	0
Total Number of Terminations	1

OWI Treatment Court accepted its first participant on 7/2/18 and held its first court session on 11/06/18. The OWI Treatment Court's target population are individuals that have an OWI 4th and above with a B.A.C of .15 and above.

Brown County Diversion Program (Numbers are from 10/2016)

Category	Number
Total Participants to Date	326
Current Participants	64
Successful Graduates/Completed	217
Successful completions since last reporting period	15

The purpose of the Brown County Diversion program is to divert low risk or first time offenders away from the criminal justice system. This is done by addressing the "root" of the problem that led to the criminal activity. All referrals come for the District Attorney's office for consideration.

**** The Law Enforcement database is still an internal use only at this point. It is unknown when external access will be granted to update the Law Enforcement numbers.****

Brown County Treatment Court Statistics

Heroin Court

Police Calls/Contacts (Prior Heroin Court)	Jail Placements (Prior Heroin Court)	Police Calls/Contacts (Post Heroin Court)	Jail Placements (Post Heroin Court)
1157	492	73	49

There was a 94% decrease in Police Calls/Contacts during and after completion of Heroin Treatment Court and 90.1% decrease in Jail Placements from pre to post treatment court.

Veterans Treatment Court

Police Calls/Contacts (Prior VTC)	Jail Placements (Prior VTC)	Police Calls/Contacts (Post VTC)	Jail Placements (Post VTC)
353	284	118	30

There was a 67% decrease in Police Calls/Contacts during and after completion of VTC and a 89.5% decrease in Jail Placement from pre to post treatment court.

Mental Health Court

Police Calls/Contacts (Prior MHC)	Jail Placements (Prior MHC)	Police Calls/Contacts (Post MHC)	Jail Placements (Post MHC)
1469	524	93	53

There was a 94% decrease in Police Calls/Contact during and after completion of MHC. There was a decrease of 90% of jail placements during and after MHC.

Drug Court

Police Calls/Contacts (Prior Drug Court)	Jail Placements (Prior Drug Court)	Police Calls/Contacts (Post Drug Court)	Jail Placements (Post Drug Court)
1139	599	80	57

There was a 93% decrease in Police Calls/Contact during and after completion of Drug Court. There was a decrease of 90.5% of jail placements during and after Drug Court.

Total of All Brown County Treatment Courts

Police Calls/Contacts (Prior Treatment Court)	Jail Placements (Prior Treatment Court)	Police Calls/Contacts (Post Treatment Court)	Jail Placements (Post Treatment Court)
4118	1899	364	189

Overall when you factor in all of the Treatment Courts there is a 91% decrease in Police Calls/Contacts (from last known data) and a decrease of 90.1 % in Jail Placements post involvement with Treatment Courts.

Introduction

Family Treatment Court: Reinventing, Reconnecting, Redefining

In 1995, family treatment courts began concurrently in Reno, Nevada, and Pensacola, Florida.² Today, more than 300 family treatment courts nationwide are successfully applying the treatment court model to child welfare cases that involve allegations of child abuse or neglect related to parental use of alcohol or other drugs.³ But helping individual families from different backgrounds is a complex task. Determining which methods will motivate which families can be difficult. Strong cultural beliefs about what is normal can affect success. Thus, the family treatment court model provides the support system necessary for families with complex needs that require intensive treatment, accountability, monitoring, services, and supports for successful reunification.⁴ Family treatment courts are accomplishing this by

- **Reinventing** how communities respond to families affected by substance use disorders
- **Reconnecting** families with the values that are relevant to their system of success
- **Redefining** how child welfare, substance use disorder treatment, and dependency court strategies and practices affect the future of every community

This comprehensive family-centered approach provides a solid foundation for families to grow beyond child welfare, social services, and criminal justice issues.

The Need for Family Treatment Courts

The 2014 National Survey on Drug Use and Health reported 8.7 million children under the age of 18 living with at least one parent who was dependent on or abused alcohol or an illicit drug.⁵ Although not all of these children will experience abuse or neglect, they are at higher risk of experiencing maltreatment. The exact number of children and families in the child welfare system who are affected by parental substance use is unknown, but a 2015 article estimates a range of 5% to 90%.⁶ The challenges parents face due to substance use disorders potentially hinders their ability to appropriately care for children, delays reunification, and may lead to the termination of parental rights.⁷

Families affected by parental substance use disorders often face co-occurring issues such as mental illness; posttraumatic stress disorder; social isolation; poverty; unstable housing; domestic violence; lack of access to health care services, children's developmental services, and appropriate child care; transportation issues; educational challenges; and lack of stable employment.⁸ Under the more traditional family court system, a disconnect between family court, child protective services, and substance use disorder treatment services often leads to uncoordinated and limited services. Without the support of integrated services to aid parents affected by substance use disorders, children will likely spend more time separated from their families.⁹

The Adoption and Safe Families Act

Congress passed the Adoption and Safe Families Act (ASFA) in 1997 to strengthen the performance of child welfare systems. ASFA's primary goal is to provide for the safety, permanent placement, and well-being of children in a timely manner.¹⁰ ASFA mandates that courts finalize permanent placement no later than 12 months after a child enters foster care. It also requires (in most cases) that courts begin termination of parental rights after the child has been removed from the home for 15 of the last 22 months.¹¹

Child welfare and clinical experts have expressed concern that the time frames imposed by ASFA are unrealistic, given the time necessary for effective substance use disorder treatment and sustained recovery of parents with a substance use disorder.¹² Without access to appropriate treatment, comprehensive case planning, and structured and frequent visitation/parenting time, parents often struggle to comply with complex court orders. Furthermore, although ASFA mandates more frequent case reviews by the court, the first review hearing commonly occurs six months after the disposition of a case, leaving the parent very little time to complete the case plan and comply with court requirements.

What Is a Family Treatment Court?

The planning, implementation, and operation of a family treatment court is not as simple as taking the adult criminal or juvenile delinquency treatment court model and inserting it into the family court setting. The focus, structure, purpose, and scope of family treatment court differ significantly from those of adult criminal and juvenile delinquency treatment court models and even differ from those of family court. In the traditional family court system, professionals from child protective services, treatment providers, and public health systems often report *separately* to the court. This

can result in the different disciplines making requests that are inconsistent with each other and can ultimately lead to outcomes that may not be in the best interests of the children or support the parents' efforts to regain custody and keep their families together.¹³

Family treatment court builds on the treatment court model in family court to include cases entering the child welfare system that allege child abuse or neglect involving parental use of alcohol or other drugs.¹⁴ The family treatment court's mission is to ensure the safety and well-being of children and to offer parents a viable option to reunify with their children. A family treatment court does this by providing children and parents with the skills and services necessary to live productively and establish a safe environment for their families.¹⁵ The court partners with child protective services and an array of service providers for parents, children, and families.¹⁶ The court fosters collaborative relationships among systems to effectively manage cases of abuse and neglect, and to link families to service providers.¹⁷ It also brings professionals together on an interdisciplinary team to work *together* to address the complex issues facing families affected by substance use disorders. Family treatment court draws on best practices from the treatment court model, dependency court, and child welfare services to effectively manage cases within ASFA mandates.¹⁸ In this way, family treatment court ensures the best interests of children while providing necessary services to parents. Without these intensive services, the parents would risk losing custody of their children and put future children at risk.

DRAFT Ideas for a Resolution Supporting Strategies to Tackle E-cigarette Epidemic in Youth

Presented to Brown County Board of Health for Support on 9/17/2019 and Reviewed on 11/19/19

Last Update: 11/20/2019

WHEREAS, the Centers for Disease Control and Prevention (CDC), Surgeon General, and State Health Officer, have released advisories alerting the public to the negative health effects of the use of [vaping] and e-cigarettes and especially the negative impact of nicotine on the adolescent population.

WHEREAS, the CDC has made it a priority to find out what is causing this outbreak of e-cigarette or vaping-related injuries and deaths and taken the step of activating the CDC Emergency Operations Center to enhance inter-agency response to the current investigation into cases of lung injury associated with e-cigarette product use, or vaping; and

WHEREAS, the brain continues to develop until the age of 25, and the use of nicotine negatively impacts teens and young adults by actually changing the adolescents' brain cell activity in the parts of the brain responsible for attention, learning, and memory.

WHEREAS, commercial tobacco use is the single most preventative cause of death in the United States

WHEREAS, in Wisconsin, tobacco use causes 7,356 deaths annually, costs \$3 billion in health care costs, and \$1.6 billion in lost productivity.

WHEREAS, the epidemic use of e-cigarettes is a public health crisis that requires a cooperative effort between partners, organizations, and community. Many are already working on efforts to combat this crisis, and we now ask for redoubled efforts and increased coordinating.

NOW THEREFORE, BE IT RESOLVED, that the Brown County Board of Health, the Brown County Human Services Committee, and the Brown County Board of Supervisors, ask that Brown County, and local municipalities within:

1. Update definitions in local smoke-free workplace ordinances, public spaces policies, and school district policies to include e-cigarettes and other nicotine smoking devices
 2. Collaborate with local and state coalitions, community partners, and Public Health agencies to implement strategies to curb e-cigarette advertising and marketing that appeal to youth
 3. Implement strategies to reduce youth access to flavored tobacco products
 4. Explore alternatives to penalties for youth such as Alternative-to-Citation/Suspension programs.
- For more information on alternative programs, please visit www.cahlinc.org.

.....
Board of Health Motion on 11/19/2019:

MOTION: To encourage the passage of a resolution supporting strategies to tackle e-cigarettes by the Human Services Committee.

Sanchez/Brown-Sullivan

MOTION CARRIED, VOICE VOTE




Public Health
Prevent. Promote. Protect.

Brown County
Health & Human Services

4

An Introduction into the Organizational Effectiveness Process




Organizational Effectiveness (OE)

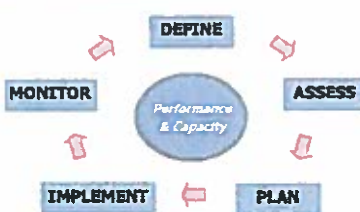

OE is a *systemic* and *systematic* approach to continuously improving:

- Performance
- Performance capacity
- Client outcomes

Systemic – involves & impacts the entire organization
Systematic – a step by step approach



The DAPIM™ Model: A “Flywheel”

Models, Tools, and Techniques

DAPIM™

In order to systematically improve or innovate something:

- **Define** what that thing is in operational terms,
- **Assess** its current and desired state,
- **Plan** both rapid and long-term improvements,
- **Implement** those plans in detail, and
- **Monitor** plan progress and impact for accountability and ongoing adjustment.

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SPONSOR TEAM

- Team members included:
 - County Board Supervisor
 - Child Protective Services Leadership
 - Health & Human Services Administration
 - Human Resources
- Met on February 26, 2019
 - Overview of OE Process
 - Planning
 - Area of Resolution

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AREA OF RESOLUTION

- The Brown County Health and Human Services Department OE Team will address recruitment, retention and training in the child welfare area. Brown County strives to be an agency with a positive work place culture that employs experienced and knowledgeable staff whom perform meaningful work. Being fully staffed with a seasoned workforce will help us determine whether we have adequate staffing to meet caseload needs. Encouraging a welcoming, supportive environment that provides opportunities for personal growth will assist in providing quality work to the children, youth, and families that we serve in our community.

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The Original OE Team

- Cassie Beining
- Nick Bloch
- Kevin Brennan
- Jamie Chaudoir
- Diane Ginnow
- Alyssa Hermes
- Kayce Kendzierski
- Heather LaFave
- Katie Opfer
- Jessica Passamoni
- Erik Pritzl
- Allison Rusch
- Katie Smith
- Stacy Spang
- Monica Thoms
- Claire Wollerman

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- The Brown County Health and Human Services Department OE Team will address recruitment, retention and training in the child welfare area. Brown County strives to be an agency with a *positive work place culture* that employs experienced and *knowledgeable staff* whom perform *meaningful work*. Being *fully staffed* with a *seasoned workforce* will help us determine whether we have adequate staffing to *meet caseload needs*. Encouraging a *welcoming, supportive environment* that provides opportunities for *personal growth* will assist in providing *quality work* to the children, youth, and families that we serve in our community.

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DESIRED FUTURE STATE

- Brown County Child Protective Services fosters teamwork through collaboration with one another by valuing ideas and roles of each team member to reach our common goals. Staff are knowledgeable in their jobs and deliver effective and efficient services to families. Each day will start with the desire and commitment to serve our families using the resources available to ensure child safety and provide permanence. We will create a strong foundation by being genuinely committed to investing and building trust and support with one another.

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PRIORITY GAPS

1. There is a need to improve professionalism in how we communicate and nurture each other within our agency
2. There is a need to define what processes need to be streamlined in the agency (process mapping)
3. There is a lack of consistency in training new staff
4. There is a need to strengthen our relationships with key political partners
5. There is a need to develop opportunities for all staff to have equal access to support, professional development and inclusion

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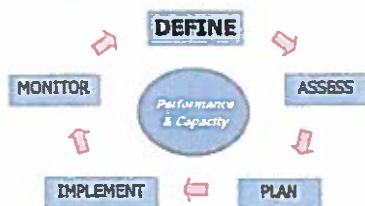
APHSA

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DEFINE

- Car Seats
- Point People
- AVATAR (service authorization)
- Alternative Work Spaces

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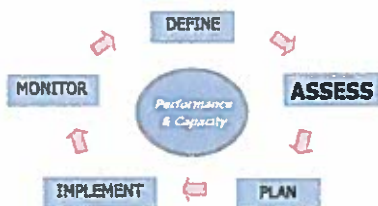
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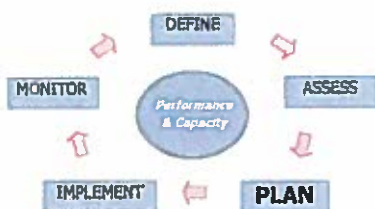
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ASSESS

- Finding "root cause": Start with the concern, ask why, keep asking until out of "whys"
- AVATAR
 - Too many steps
 - Not prioritized by staff
 - Codes are confusing
 - Everyone does differently
 - So many rules to remember
 - Haven't streamlined who does what
 - Too many people doing authorizations

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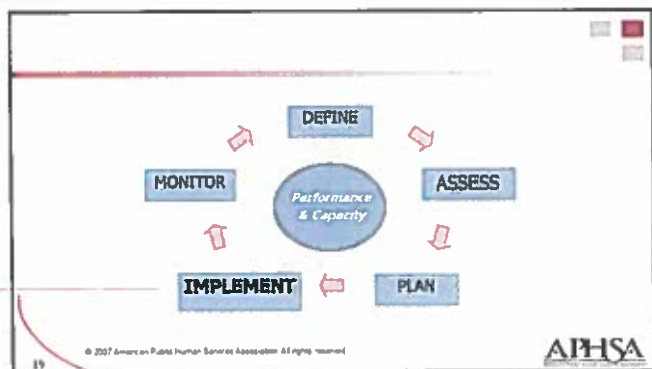
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PLAN

- Charter work group to develop process improvements
- OE members and Human Services staff involved
- 1st meeting occurred May
- Current process=complicated & expensive

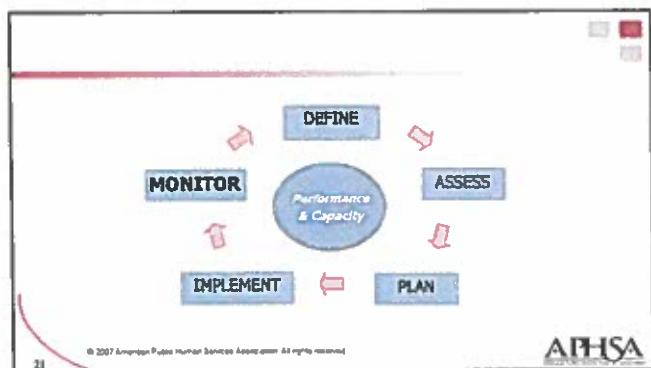
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IMPLEMENT

- *One* person enter all Authorizations
- New process explained to employees
- Role out date: August 1st



MONITOR

- Reporting back to the OE team
- Feedback - brought back to work group
- Check in at each OE meeting
- If not working – go back to DAPIM
- Charter group continues meeting

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SUSTAINING OE

- OE time commitment
- Staggered onboarding
- Questions?

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Brown County Health and Human Services Organizational Effectiveness

Topic: Addressing Recruitment, Retention and Training

Dates: April 2019 – July 2019



Project Goals

- ❖ Retention rates will increase in the child welfare units
- ❖ The Point Person role will be developed and defined
- ❖ There will be an increase in job applications with qualified candidates
- ❖ Metrics will be developed around support and training to determine what has the greatest impact on retention

Desired Future State:

Brown County Child Protective Services fosters teamwork through collaboration with one another by valuing ideas and roles of each team member to reach our common goals. Staff are knowledgeable in their jobs and deliver effective and efficient services to families. Each day will start with the desire and commitment to serve our families using the resources available to ensure child safety and provide permanence. We will create a strong foundation by being genuinely committed to investing and building trust and support with one another.

Strengths:

- Competent, experienced, supportive and approachable workers
- Cohesive and flexible leadership team
- Wide variety of resources and collaborative providers, including volunteers
- New Family Center/visiting space
- Access to different technological tools
- Good teamwork and supportive to each other
- Supervisors that are solely dedicated to training new workers

Priority Gaps:

- There is a need to improve professionalism in how we communicate and nurture each other within our agency.
- There is a need to define what processes need to be streamlined in the agency.
- There is a lack of consistency in training new staff.
- There is a need to strengthen our relationships with key political partners.
- There is a need to develop opportunities for all staff to have equal access to support, professional development and inclusion.

Root Causes:

- Lack of trust; assuming positive intent
- Overwhelmed with tasks
- Fear of failure
- Undefined grey area in roles
- Training, support and need for assistance in specialty areas
- Individualized supervision needed
- Workers want different types of professional development

Remedies:

- Positive work culture improvements
- Cross Unit Team Building meetings
- Avatar/payment improvements; cost savings identified
- Car seat management improved
- Point Person role recommendations made and info communicated to all
- Effective supervisory consultations explored
- Identified specialty topic area "experts"
- Committees and interest in them identified to explore opportunities
- Developing solutions to perceived boundary difference in the workplace
- Efforts to engage all staff by adding email photos, identifying when available for consultation and sharing training info

Recommendations:

- Continue to work towards completing action items on the "Tracking Remedies"
- Monthly face-to-face OE Team meetings; reevaluate as needed
- Support the Internal OE Facilitators
- Continue Communication Planning
- Continue efforts to promote positive work culture and teamwork
- Continue clarifying Point Person role
- Continue to work on retention items identified and enhance professional development opportunities for all staff
- Continue to use the DAPIM model to do continuous improvement on gaps
- Repeat the "Trust and Aim" exercise
- Engage in OE support that can be provided by WCWPDS